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Recommendation for funding for a short-duration country programme**

Côte d'Ivoire

Summary

The present document contains a recommendation for funding from regular resources and other resources for the country programme of Côte d'Ivoire, for one year, to support activities which are being developed by the country programme. The Executive Director *recommends* that the Executive Board approve the amount of $3,367,000 from regular resources, subject to the availability of funds, and $1,700,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2002.

* E/ICEF/2001/12.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2001 (E/ICEF/2001/P/L.73).

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Basic data[a] *(1999 unless otherwise stated)*	
Child population (millions, under 18 years)	7.8
U5MR (per 1,000 live births)	171
IMR (per 1,000 live births)	102
Underweight (% moderate and severe) (1998-1999)	37
Maternal mortality ratio (per 100,000 live births) (1994)	600
Literacy (% male/female) (1998)	63/37
Primary school enrolment (% net, male/female) (1996)	63/47
Primary school children reaching grade 5 (%) (1996)	70
Access to drinking water (%)	77
Routine EPI vaccines financed by Government (%) (1998)	95
GNP per capita (US$)	710
One-year-olds fully immunized against:	
Tuberculosis	84%
Diphtheria/pertussis/tetanus	62%
Measles	62%
Poliomyelitis	62%
Pregnant women immunized against tetanus	44%

[a] Excerpted from the publication "Progress since the World Summit for Children: A statistical review", prepared as a supplement to the Secretary-General's report "We the children: End-decade review of the follow-up to the World Summit for Children" (A/S-27/3), and therefore may differ from data contained in the text of this document.

The situation of children and women

1. This one-year interim programme is designed to make up for the delay in drawing up a new cooperation programme resulting from the socio-political events of the last two years. This situation will also provide an opportunity, in 2003, to coordinate the five-year UNICEF programming cycle in Côte d'Ivoire with the United Nations Development Programme, the United Nations Population Fund (UNFPA), the World Food Programme (WFP) and the Office of the United Nations High Commissioner for Refugees (UNHCR).

2. Over the last few years, Côte d'Ivoire has experienced unprecedented socio-political unrest. The current authorities, who have expressed their willingness to work for peace, are directing their efforts towards national reconciliation and the normalization of their relations with the principal financing agencies. This difficult socio-political environment, which has been characterized by unrest since 1999, has led to a serious deterioration of the economic and financial situation. The gross domestic product fell by 3 per cent in 2000, and the living conditions of more than one third of the population living below the poverty threshold have worsened. The public foreign debt service has risen sharply in recent years, from US$ 1.2 billion in 1997 to US$ 2 billion in 1998. Côte d'Ivoire does not have a poverty-reduction policy or plan, as required since 1998 by the International Monetary Fund and the World Bank. This, added to the current socio-political situation, has made the

country ineligible for the Highly Indebted Poor Countries Initiative, which could help reduce the burden of the public foreign debt and provide financing for grass-roots sectors of society.

3. The country's economic and financial problems, which have been exacerbated by recent events, have led to a deterioration of the situation of children and women. Between 1994 and 1999, infant mortality and infant and childhood mortality rates rose, respectively, from 90 to 112 per 1,000 live births and from 150 to 171 per 1,000. The maternal mortality ratio was estimated in 1994 at 597 per 100,000 live births. Only 63 per cent of all deliveries are attended by qualified personnel. Acute respiratory infections and malaria are the main causes of death among children under five. Immunization coverage with six antigens, which was 41 per cent in 1994, rose to 51 per cent in 1999; 21 per cent of children under five are underweight, and 25 per cent are stunted. Only 31 per cent of all households use iodized salt, and 67 per cent of all children have never received vitamin A capsules.

4. The precarious situation of women and children is partly due to their having only limited access to health care; inadequate excreta disposal systems; the low female literacy levels; and low school enrolment rates, especially among girls, with significant disparities between the northern and southern regions of the country and between the rural and urban populations. In 2002, the priority areas for programme intervention will be the high infant mortality rates, the significant number of children who are infected with or affected by HIV/AIDS (420,000 children have been orphaned) and the growing number of children who are victims of economic and sexual exploitation (child labour and trafficking).

Programme cooperation, 1997-2001

5. As a result of the implementation of the 1997-2001 cooperation programme (E/ICEF/1996/P/L.10/Add.1), significant progress was made in the areas of immunization, the combating of Guinea worm, combating domestic and border trafficking in children for recruitment purposes, and awareness campaigns regarding HIV/AIDS-related problems.

6. The immunization results show an increase in coverage (vaccinations with antigens under the Expanded Programme on Immunization (EPI) at a rate of 60 to 84 per cent). Fifty-one per cent of one-year-olds were vaccinated in 1999, compared with only 41 per cent in 1994. The percentage of children who had not received any vaccination at all fell to approximately 9 per cent in 1999, compared with 17 per cent in 1994. Nevertheless, despite the intensification of national polio immunization campaigns in recent years (12 million children vaccinated in four two-stage campaigns followed by a "mopping-up" operation), the results still fall short of the country's potential. Côte d'Ivoire was chosen as a recipient of financing from the Global Alliance for Vaccines and Immunization (GAVI). This programme helped improve access to drinking water, especially in rural areas where Guinea worm is endemic. While 12,600 cases were found in 503 villages in 1990, only 230 cases were recorded in 2000, reflecting a decrease of 98 per cent.

7. As regards the combating of HIV/AIDS, Côte d'Ivoire was chosen to host the pilot programme on prevention of mother-to-child transmission of HIV. Thus, four health centres in Abidjan implemented the strategy in question. The results obtained between April 1999 and December 2000 were as follows: of 20,000 pregnant women

who received individual counselling, 15,000 agreed to be screened for HIV/AIDS, and 12,000 of those who were screened went back for the results. Of the 15,000 women who were screened, 12.6 per cent tested positive; 442 were provided with AZT prophylactic treatment. Of the latter, 305 chose artificial feeding for their babies.

8. The Ivorian authorities, civil society and international opinion were mobilized to address the questions of child labour and trafficking in children. In September 2000, Côte d'Ivoire and Mali signed a cooperation agreement defining each country's obligations in the combating of transborder trafficking. The programme contributed to the formulation of a national policy on integrated care for young children and on including a role for Koranic schools in the national educational policy. The programme also helped increase the net enrolment rate of girls (from 36 to 50 per cent in 2000) in the northern regions. The report on the multiple indicator cluster survey (MICS) 2000 will facilitate support for advocacy activities, follow-up on the implementation of the Convention on the Rights of the Child, assessment of objectives at the end of the decade and in-depth analysis of the main problems facing children and women. A review by the Committee on the Rights of the Child of the initial report on the implementation of the Convention is planned for May 2001.

Lessons learned from past cooperation

9. With a view to more effective coordination, the mid-term review of November 1999 recommended that the cooperation programme should focus its efforts on specific operational areas, that the number of objectives and activities should be reduced and that the number of partners should be limited. Owing to the socio-political situation, the geographical focus and number of cooperation programme projects could not be altered. Such adjustments will be undertaken as part of this programme of transition towards a new long-term programme.

Recommended programme cooperation, 2002

Estimated annual expenditure
(In United States dollars)

	Total
Regular resources	
Health and nutrition	673 000
Basic education	538 720
Poor urban areas	505 050
Water supply, sanitation and the environment	471 380
Advocacy and communication	505 050
Social planning, monitoring and evaluation	404 040
Cross-sectoral	269 760
Subtotal	**3 367 000**

	Total
Other resources	
Health and nutrition	700 000
Basic education	200 000
Poor urban areas	300 000
Water supply, sanitation and environment	200 000
Advocacy and communication	300 000
Subtotal	**1 700 000**
Total	**5 067 000**

Preparation of the country programme

10. Preparation of this interim programme began with a provisional analysis of the situation of children and women in 2000 and continued with the organization, in January 2001, of a private meeting with all governmental partners and non-governmental organizations (NGOs). This process allowed identification of the fields needing priority action in relation to unattained goals (immunization, mortality, dracunculiasis, school enrolment) and emerging issues (HIV/AIDS, integrated child development, child participation, emergency preparedness). It also allowed the proposal of strategic approaches likely to result in the optimum use of resources and increase the effectiveness of the activities to be carried out.

Country programme goals and objectives

11. The goals of this one-year programme are to build on the achievements of the previous programme by taking into account the socio-economic and political environment, which continues to be unstable, and to prepare the next cooperation programme for the period 2003-2007. The objectives of the programme are to try an integrated programmatic and operational approach in two areas of concentration and in a peri-urban district of Abidjan and to formulate an emergency preparedness and response plan. These objectives will be achieved through the implementation of six sectoral programmes already in being: health and nutrition; basic education; water supply, sanitation and environment; poor urban areas/children in especially difficult circumstances; advocacy and communication; and social planning, monitoring and evaluation. The cross-sectoral themes — HIV/AIDS, child supervision, emergency preparedness — will be integrated into each sectoral programme. With the exception of the preparedness component, the programme will be concentrated in the North-East (Bondoukou, 701,000 inhabitants), the Centre-North (Bouaké, 1,080,509 inhabitants) and the district of Abobo (Abidjan, 630,000 inhabitants). The inhabitants of these areas, who are some of the most vulnerable members of the population in Côte d'Ivoire, account for 15.7 per cent of the total population.

Relation to national and international priorities

12. The programme priorities are compatible with international priorities. They focus on attaining the three essential results sought by the Global Movement for Children and refer to the medium-term strategic plan. The development of an emergency plan will be based on the main collective commitments of UNICEF. The programme will also take into account the commitments of the most senior Ivorian authorities to the combating of HIV/AIDS; the introduction of free and compulsory primary education for all pupils up to the third grade, and combating of child trafficking and all forms of child exploitation.

Programme strategy

13. The objectives of the cooperation programme will be achieved through implementation of the following strategies: advocacy and communication with a view to implementation of the Convention on the Rights of the Child; the empowerment of communities with the view to promoting behavioural changes in the target groups and ensuring increased community participation in the planning and implementation of programme activities at the regional and local levels; the development of national capacities, in particular government and civil society partners (NGOs), in the field of project and programme monitoring and evaluation; the achievement of complementarity in regard to the activities carried out in the three areas of concentration with a view to creating greater synergy and heightening the impact on the target groups; and the provision of high-quality basic community services in the social, health and educational fields.

14. **Health and nutrition**. This programme will continue to pursue the same objectives as the previous programme in connection with reducing maternal, child and infant mortality. At the national level, the programme will promote routine and campaign-based immunization services and action to eradicate poliomyelitis. In the three areas of concentration, a minimum package of activities will be conducted in connection with reproductive health, the integrated treatment of infant diseases, the prevention of mother-to-child transmission of HIV, the delivery of vitamin A supplements during national immunization days and the promotion of domestic consumption of iodized salt. Two specific evaluations are planned: EPI in the context of the implementation of the recommendations made by GAVI; and of the incidence of anaemia in pregnant women and in children of up to five years of age. Activities in the field of health and nutrition will be organized as part of the emergency preparedness and response plan.

15. **Basic education**. This programme will aim to develop a communication module on HIV/AIDS for use in primary schools and to form links between Koranic schools and formal schools with a view to increasing girls' access to basic education. The programme will be carried out in the two areas of concentration and in the peri-urban area of Abidjan. The programme activities will focus on: evaluating the outcome of linkage between the two types of school; highlighting model links which could be developed at the national level in the next programme; and, on the basis of studies now in progress, producing a primary school module on HIV/AIDS prevention. The programme will also develop activities to strengthen the gains already made in the community-based supervision of children between two and five years of age in the three areas of concentration.

16. **Poor urban areas/children in especially difficult circumstances.** The main objective of this programme will be to increase the facts available on the varying situations of children in need of special protection measures. A national study will provide relevant information on such situations so that priority areas of activity can be identified and adequate strategies developed to prevent risk of child abuse and offer protection for children, particularly those orphaned by HIV/AIDS. Support will be given with a view to implementation of the cooperation agreement between Côte d'Ivoire and Mali to combat transboundary trafficking in children. Efforts towards future agreement on this subject with other neighbouring countries will also be encouraged. The emergency plan will specify potential activities under this programme.

17. **Water supply, sanitation and environment.** This programme will have two objectives: to play a part in eradicating dracunculiasis from all villages where it is endemic; and to ensure the environmental health and the provision of health education in 50 primary schools in the two areas of concentration and in 10 primary schools in a peri-urban district of Abidjan. The activities will focus on community-based epidemiological monitoring, the isolation of new cases, the distribution of filters, the treatment of pool water with abate pellets, the supply of drinking water to 10 villages where the disease is highly endemic, the refurbishment of 350 latrines, the installation of 30 latrine blocks in 72 primary schools and the training of community workers with a view to raising awareness of the most common pathological diseases. The activities will also emphasize hygiene standards training for teachers, the establishment of hygiene promotion clubs in primary schools and the installation/refurbishment of 60 latrine blocks. Specific action will be planned for cases of emergency.

18. **Advocacy and communication.** The programme will have the following objectives: to influence the attitudes of those members of society in a position to contribute to improving the situation of children and to help create and maintain a favourable environment and public support for achieving the objectives of the cooperation programme. The programme will involve the collection and analysis of data on the behaviour-related causes of HIV/AIDS transmission and of child trafficking and other violations of the rights of children. It will play a role in the development of an HIV/AIDS prevention module for schools as part of the basic education programme. Traditional UNICEF special events will be organized, including the development and national and international dissemination of appropriate messages and materials as well as the use of spokespersons capable of mobilizing the major stakeholders in the cooperation programme.

19. **Social planning, monitoring and evaluation.** The objectives of this programme will be to ensure that statistics and basic social indicators are available for the country as a whole as well as for areas in which sectoral programmes are undertaken and to develop a preparation and response-plan commensurate with the degree of urgency indicated by the country's risk profile. Major activities will involve dissemination of the results, analysis of the situation of children and women and of the results of MICS 2000, in-depth region-by-region analysis of MICS 2000 data in order to better understand the problems facing children and women and the updating of the country's risk profile and its existing and potential capabilities in relation to various scenarios.

20. **Cross-sectoral costs**. Cross-sectoral costs will include costs for cross-sectoral personnel, administrative costs, financial and logistical support and acquisition of equipment and materials.

Follow-up and monitoring

21. There will be various follow-up and monitoring activities: joint missions to the field by governmental partners and UNICEF personnel, quarterly sectoral review of progress made in implementing the plan of action and of financial operations, and mid-year and yearly reviews by all partners. Compilation of the cooperation programme management quality indicators will be carried under the guidance of the regional office. Follow-up with regard to recommendations from the Committee on the Rights of the Child and the situation of children in general shall be ensured through the development of a table of indicators relating to implementation of the Convention and by an integrated follow-up and monitoring plan matched to the length of the programme.

Collaboration with other partners

22. The programme will reinforce partnership with the organizations of the United Nations system in the following areas: child labour (International Labour Organization, International Office for Migration), education for girls (WFP, United Nations Educational, Scientific and Cultural Organization); the combating of HIV/AIDS (Joint United Nations Programme on HIV/AIDS, World Health Organization (WHO)); immunization (WHO, World Bank); and reproductive health (UNFPA); and urban populations (World Bank). It will strengthen and broaden its partnership with the private sector, non-governmental organizations and development partners, in particular Rotary International, Population Services International, the Save the Children Fund and the Governments of Belgium, Canada, France, Germany, the Netherlands, Norway and the United States. The programme will work with the national university and other research institutions on priority issues. In addition, UNICEF is collaborating with United Nations agencies, in particular UNHCR and WFP, non-governmental organizations and donors on emergency issues. It is participating in the establishment of mechanisms for the coordination and rapid dissemination of information and will collaborate in particular in the evaluation of current and potential emergency response capabilities.

Programme management

23. The financial and technical management of the programme for 2002 will be the responsibility of each relevant ministry, in cooperation with the sectoral programme managers. The Ministry for the Plan will ensure the organization, coordination and execution of the mid-year and annual reviews for 2002. In the three areas of concentration, all central, regional and local partners will meet twice a year, chaired by the Ministry for the Plan, to review implementation of all the components of the cooperation programme. Analysis of the results of the integrated management approach will help evaluate the mechanisms for implementation and their applicability for the next five-year programme.

24. The integration of emergency planning into Côte d'Ivoire's priorities and all programming aspects, with particular stress on the areas of health/nutrition, water/sanitation and the welfare of children and women, reflects UNICEF's commitment to adapt to new national and regional realities. UNICEF's Côte d'Ivoire office will revise its priorities and reinforce its capacity in order to meet the challenge of any problems in the provision of services that might be caused by an epidemic, an influx of refugees, tensions between communities within Côte d'Ivoire or a deterioration of the economic situation.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : COTE D'IVOIRE
PROGRAMME : 2002

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
HEALTH/NUTRITION	673,000		673,000	0	0	0	1	0	0	1	1	1	3	126,490	61,834	188,324
BASIC EDUCATION	538,720		538,720	0	0	0	1	0	0	1	1	1	3	126,490	61,141	187,631
SOCIAL MOBILIZATION AND ADVOCACY	505,050		505,050	0	0	0	0	0	0	0	1	0	1	0	46,267	46,267
WATER, SANITATION AND HYGIENE	471,380		471,380	0	0	0	0	0	0	0	1	1	2	0	61,834	61,834
PLANNING AND SOCIAL STATISTICS	404,040		404,040	0	0	0	0	0	0	0	0	1	1	0	24,327	24,327
CROSS-SECTORAL COSTS	269,760		269,760	0	0	0	0	0	0	0	2	7	9	0	183,786	183,786
INTEGRATED AREA-BASED PROG/CNSP	505,050		505,050	0	0	0	1	0	0	1	1	1	3	126,490	67,990	194,480
TOTAL RR	3,367,000		3,367,000	0	0	0	3	0	0	3	7	12	22	379,470	507,179	886,649
OTHER RESOURCES :																
HEALTH/NUTRITION		700,000	700,000	0	0	0	1	0	0	1	1	0	2	126,490	46,267	172,757
BASIC EDUCATION		200,000	200,000	0	0	0	0	0	0	0	0	0	0	0	0	0
SOCIAL MOBILIZATION AND ADVOCACY		300,000	300,000	0	0	0	0	0	0	0	0	0	0	0	0	0
WATER, SANITATION AND HYGIENE		200,000	200,000	0	0	0	0	0	0	0	0	0	0	0	0	0
INTEGRATED AREA-BASED PROG/CNSP		300,000	300,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OR		1,700,000	1,700,000	0	0	0	1	0	0	1	1	0	2	126,490	46,267	172,757
TOTAL RR & OR	3,367,000	1,700,000	5,067,000	0	0	0	4	0	0	4	8	12	24	505,960	553,446	1,059,406
SUPPORT BUDGET	Operating costs		331,927													
	Staffing			0	0	1	2	0	0	3	2	9	14	397,650	317,599	715,249
GRAND TOTAL (RR + OR + SB)				0	0	1	6	0	0	7	10	21	38	903,610	871,045	1,774,655
Number of posts and staff costs:																
Current programme cycle										6	10	21	37			
At the end of proposed programme cycle (indicative only)										7	10	21	38	903,610	871,045	1,774,655

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.